

Announced

Inspection Report: Independent Healthcare

Service: Jennifer Gilmartin Aesthetics, Dumfries

Service Provider: Jennifer Gilmartin Aesthetics Ltd

30 November 2021

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Jennifer Gilmartin Aesthetics (Dumfries) on Tuesday 30 November 2021. We spoke with the service manager, who is also the practitioner during the inspection. We received feedback from four patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. Although requested, the service did not submit a self-evaluation.

What we found and inspection grades awarded

For Jennifer Gilmartin Aesthetics (Dumfries), the following grades have been applied to three key quality indicators.

Key quality indicators inspected		
Quality indicator	Summary findings	Grade awarded
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.1 - Safe delivery of care	Effective systems were in place to manage risks and make sure treatments were delivered in a suitable environment. Care was delivered in line with best practice guidelines. Arrangements were in place to deal with aesthetic treatment complications. Patient feedback about the service was positive. The service should complete a deep clean of hard to reach areas of the treatment room.	✓ Satisfactory

Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service manager is an experienced dentist and aesthetics practitioner who was keen to improve how they delivered the service. A quality improvement plan and an audit programme is in place. The service manager kept up to date with their continued professional development and developments in the aesthetics industry.	✓✓ Good

The following additional quality indicator was inspected against during this inspection.

Additional quality indicators inspected (ungraded)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
5.2 - Assessment and management of people experiencing care	Patients had a clinical assessment carried out before any treatment was agreed. Patient care records were clear and showed discussions with patients regarding aftercare. Records had been audited and any required action had been taken. Consent was obtained and recorded for each treatment episode.	

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

What action we expect Jennifer Gilmartin Aesthetics Ltd to take after our inspection

This inspection resulted one recommendation. See Appendix 1 for the recommendation.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

We would like to thank all staff at Jennifer Gilmartin Aesthetics (Dumfries) for their assistance during the inspection.

2 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Effective systems were in place to manage risks and make sure treatments were delivered in a suitable environment. Care was delivered in line with best practice guidelines. Arrangements were in place to deal with aesthetic treatment complications. Patient feedback about the service was positive. The service should complete a deep clean of hard to reach areas of the treatment room.

The clinic environment was generally clean, well equipped and fit for purpose. The infection prevention and control policy reflected best practice guidance. Effective measures were in place to reduce the risk of infection, such as COVID-19 transmission. Measures included enhanced cleaning between patients and restricted access to clinical areas. Cleaning of the clinic environment and equipment was also carried out between patients, along with a daily clean from an external contractor. To reduce the risk of cross-contamination, the service had a good supply of personal protective equipment available, including:

- aprons
- fluid-resistant face masks
- gloves, and
- single-use items, such as syringes and needles.

A safe and effective system was in place for the procurement, prescribing and administration of medicines. Medicines were stored in a medicines fridge and the temperature of this was monitored. An effective stock control system was in

place to make sure medicines and single-use items were in-date. All five patient care records we reviewed had a record of:

- the medicine prescribed
- the date it was used
- the batch number, and
- the expiry date.

Emergency medicines were easily accessible and regularly checked to make sure they were in-date.

A waste contract was in place for the safe disposal of syringes, needles and clinical waste. Equipment, such as the treatment couch was in good condition. Stock was well organised and not past its expiry date. Contracts were in place for regular portable-appliance testing. External contractors tested and maintained fire safety equipment and the heating system.

An effective governance system helped identify and manage risks to staff and patients. Regular reviews and updates of policies and procedures took place. These included those for child protection and the protection of vulnerable adults.

The service manager knew what to do if they had any adult protection or child protection concerns. The service manager also understood what information they had to share with Healthcare Improvement Scotland.

A programme of environmental and clinical audits were carried out to make sure the safe delivery of care was monitored and reviewed. Audits included medicines management, stock control and incidents. These audits showed the service had good compliance and oversight of practice and procedures. Actions to be taken as a result of audits was carried out quickly and effectively.

Feedback from our survey about patients' experience of using the service was positive. Patients told us the environment was always clean and the service manager treated them with dignity and respect. All patients who responded to the survey agreed that the environment was suitable and they had been given honest and professional advice. Comments included:

- 'Treatment rooms are always very welcoming and spotlessly clean.'
- 'If no treatment is needed she will tell me so.'

What needs to improve

While the environment was generally clean, some 'hard-to-reach' areas would benefit from a deep clean and be then added to the routine cleaning schedule (recommendation a).

- No requirements.

Recommendation a

- The service should further develop the cleaning schedule to ensure the regular cleaning of hard to reach areas is included.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had a clinical assessment carried out before any treatment was agreed. Patient care records were clear and showed discussions with patients regarding aftercare. Records had been audited and any required action had been taken. Consent was obtained and recorded for each treatment episode.

Staff carried out a full assessment with patients before any treatment. The assessment included both physical and psychological factors to make sure patients had realistic expectations of the proposed treatment plan. Patients completed a pre-treatment questionnaire before their consultation appointment, which the service manager then went through with them during the consultation. Treatment would not proceed if patients had unrealistic expectations or if a clinical risk was indicated.

A thorough consultation and assessment had been documented in the five patient care records we reviewed. The consultation included medical history, pre-existing health conditions and known allergies. Consultation and pre-treatment screening was also carried out for COVID-19. Patient care records were clear and stored securely. Consent for each treatment had been obtained and recorded. Consent to record and contact the patient's GP or next of kin had been obtained, in case of an emergency.

Patients who responded to our online survey said:

- 'Has always gone through all matters in detail on each visit.'
- '... thoroughly explained the procedure in full... answered all my questions in a professional manner.'

Patients were given verbal aftercare advice after their treatment and were invited for a post-treatment consultation. If a patient experienced a complication or had a query about aftercare, they could also telephone the service at any time to arrange support.

Patient care records had been audited to make sure best practice guidelines were followed. The audit showed that consent had been discussed and patients were given enough information to inform their decision-making. A recent medication administration audit had been completed. It showed clear traceability records for prescribed medicines.

- No requirements.
- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service manager is an experienced dentist and aesthetics practitioner who was keen to improve how they delivered the service. A quality improvement plan and an audit programme is in place. The service manager kept up to date with their continued professional development and developments in the aesthetics industry.

The service manager was a dentist registered with the General Dental (GDC) and a member of the Aesthetics Complications Expert Group (ACE). This group of practitioners provide guidance to help prevent complications in cosmetic treatments and produce reports on difficulties encountered and the potential solutions. The service manager was able to demonstrate a record of continual professional development both in and outside of aesthetics.

The service's quality improvement plan covered all aspects of the service. The quality improvement plan was in place to help improve the quality of the service provided. The service listened to the views of patients and their peers. This information was used to inform the quality improvement plan which, alongside the audit programme, helped to continually improve the service.

Based on patient feedback, the service was planning to change the appointment booking system to an online format so it would be easier for patients to book their appointments. Based on recent audit results, the service had introduced a new process to check the recording of batch numbers for all the medicines they used.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendation	
a	<p>The service should further develop the cleaning schedule to ensure the regular cleaning of hard to reach areas is included (see page 9).</p> <p>Health and Social Care Standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.22</p>

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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